REQUEST FOR INTERNSHIP APPROVAL

Prospective intern: _____Duvine Beebe_____

Is this for:

SM 429 ☐

SM 415 ☐

SM 419 ☐

Permanent mailing address: (street, city, state, zip code)

_2 Washington Street PO Box 1001 Due West, SC 29639_____

Student phone number: _____256-682-1816_____

Erskine email: _____duvine.beebe@erskine.edu_____

Semester/Year of proposed internship: _____Fall/2024_____

Name of Organization: ___Erskine Athletics Department_____

Organization Supervisor: ___Drew Wallace_____

Supervisor Title: _____Assoc. AD for Operations_____

Supervisor email: _____dwallace@erskine.edu_____

Supervisor phone: _____864-379-8829_____

Date submitted: _____9/20/24_____

Student signature: _____Duvine Beebe_____